Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 011738.00136 First Inventor Rise MEDICAL DEVICE SYSTEM WITH RELAYING MODULE FOR

Signature				1		Da Da			Date	October 15, 2003	
Name (Print/Type) Binal J. Patel			1	Registration No. (Attorn				ney//	Agent)	42,065	
Country	y U.S.A. Telephone			31:	312-463-5000 Fax				312-463-5001		
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	Banner& Witc	off, Ltd.									
Name	Binal J. Patel					·					
☑ Customer Number or Bar Code Label				2908 Attach	08 or ⊠ Correspondence address below tach bar code label here)						
				ORRESPO	_						
or in an App Conti Prior app For CONTIN under Box 5	olication Data Sh inuation olication informati IUATION or DIVI 5b, is considered	neet under 37 C Divisional on: Exar SIONAL APPS of a part of the di	FR 1.76: Continuing C	nuation-in-p e disclosur e accompa	art (CIF	e prior a	of po Grou pplication, f	rior ap	oplication No rt Unit: which an oa	preliminary amendment, b:/ ath or declaration is supplicy incorporated by referer pplication parts.	led ice.
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76											
 a. Newly executed (original or copy); or b. Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) 					1	15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:					
5. Oath or Declaration [Total Pages]					յ 1	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
a. 🔼 b. 🔲	Informal					3. 🔲	Prelimina	ry Ar	nendment		
4. Drawing(s) (35 U.S.C.113) [Total Sheets 33]] 1	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					S	
-	Claim(s) Abstract of the D				1	(when there is an assignee) Attorney 11. English Translation Document (if applicable)					
or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description						9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R.§3.73(b) Statement Power of					
(preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table,					_	b. Specification Sequence Listing on: i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ paper c. ☐ Statements verifying identity of above copies					
See 37 CFR 1.27. 3. Specification [Total Pages 73]						(if applicable, all necessary) a. ☐ Computer Readable Form (CRF)					
(Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status.						Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission					
Fee Transmittal Form (e.g., PTO/SB/17)						7. CD-ROM or CD-R in duplicate, large table or					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.						ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231					
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))					Expre	Express Mail Label No. EV306394627US					
				TIME TREATMENT OF NERVOUS SYSTEM DISORDERS						<u>.</u> ص	

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FEE TRANSMITTAL	Complete if Known				
FEE IRANSIVIIIIAL	Application Number				
for FY 2004	Filing Date	October 15, 2003			
50-11-10m-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	First Named Inventor	Rise			
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name				
Applicant claims small entity status. See 37 CFR 1 27	Art Unit				

TOTAL AMOUNT OF PAYMENT (\$) 842					Attorney Docket No.			011738.00136			
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None				3. ADDITIONAL FEES							
Order				Large Entity Small			III Entity				
					Fee	Fee	Fee	Fee Description	Fee Paid		
Deposit			Code 1051	(\$) 130	Code 2051	(\$) 65	Surcharge - late filing fee or oath				
				1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
Deposit				1053	130	1053	130	Non-English specification			
Account Banner & Witcoff TD			1812	2,520	1812	2,520	For filing a request for reexamination				
The Director is a	uthorized to: (check			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filing fee					1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
to the above-iden	indicated below, exci tified deposit account	ept for the filing fo	ee	1251	110	2251	55	Extension for reply within first month			
	FEE CALCU			1252	420	2252	210	Extension for reply within second month			
1. BASIC, F	ILING FEE		· -	1253	950	2253	475	Extension for reply within third month			
Large Entity Fee Fee	Small Entity Fee Fee Fee I	Description		1254	1,480	2254	740	Extension for reply within fourth month			
Code (\$)	Code (\$)		Fee Paid	1255	2,010	2255	1,005	Extension for reply within fifth month			
1001 770	2001 385 Utility	filing fee	770	1401	330	2401	165	Notice of Appeal			
1002 340	2002 170 Desiç	gn filing fee		1402	330	2402	165	Filing a brief in support of an appeal			
1003 530	2003 265 Plant	filing fee		1403	290	2403	145	Request for oral hearing			
		sue filing fee Isional filling fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding			
100 I				1452	110	2452	55	Petition to revive – unavoidable			
	SUBTOTAL (1)		(\$) 770	1453	1,330	2453	665	Petition to revive – unintentional			
2 FYTRACL	IM FEES FOR UT	II ITY AND DEI	SCIIE	1501	1,330	2501	665	Utility issue fee (or reissue)			
Z. EXTRA CE	Extr		Fee	1502	480	2502	240	Design issue fee			
	Clai		Paid	1503	640	2503	320	Plant issue fee			
Total Claims 24	-20 ** = 4	X 18	= 72	1460	130	1460	130	Petitions to the Commissioner			
Independent Claims 2	-3 ** = 0	X 86	= 0	1807 1806	50 180	1807 1806	50 180	Processing fee under 37 CFR 1.17 (q) Submission of Information Disclosure			
Multiple 0 Dependent		x	= 0	8021	40	2004	45	Stmt Recording each patent assignment			
Large Entity	_ Small Entity		-	0021	40	8021	40	per property (times number of properties)			
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
1202 18	2202 9 (Claims in excess of 2	20	1810	770	2810	385	For each additional invention to be			
1201 86		ndependent claims i	n excess of 3		1			examined (37 CFR § 1.129(b))			
1203 290		Multiple dependent c * Reissue independe	•	1801	770	2801	385	Request for Continued Examination (RCE)			
1204 86		original patent	ent claims over	1802	900	1802	900	Request for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				of a design application							
SUBTOTAL (2) (\$) 72					Other fee (specify)						
**or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0							
or namuer previ	ously palo, il greater, Fol	ricissues, see above									

SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) Name (Print/Type) Binal J. Patel 42,065 Telephone 312-463-5000 Signature 10-15-03

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CERTIFICATE OF EXPRESS MAIL (PATENT)

Express Mail No.: EV306394627US

Deposited: October 15, 2003

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Title:

MEDICAL DEVICE SYSTEM WITH RELAYING MODULE FOR TREATMENTS OF NERVOUS

SYSTEM DISORDERS

Inventor:

Rise et al.

Serial No.:

Filing Date: October 15, 2003

- Fee Transmittal Sheet (1 page) in duplicate
- Utility Patent Transmittal (1 page) in duplicate
- ADS (4 pages)
- Specification (73 pages) 24 claims/2 independent and abstract
- Formal Drawings Figs. 1-33 (33 pages)
- Return Receipt Post Card

Attorney Docket No.: 011738.00136